



# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. 232.7548USU  
Customer No.: 27623

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled:

## **NON-RETURN DEVICE**

the specification of which

(check one) ☐ is attached hereto.

☒ was filed on January 25, 2005 as Application Serial No. 10/089,587.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the examination of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a) – (d) or (f) or Section 365(b) of any foreign application(s) for patent or inventor's or plant breeder's rights certificate(s) or Section 365(a) of any PCT International Application which designated at least one country other than the United States listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate(s) or PCT International application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>	<u>Priority Claimed</u>
<u>9625202.8</u> (Number)	<u>GB</u> (Country)
<u>12/04/1996</u> (Day/Mon/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>                    </u> (Number)	<u>                    </u> (Country)
<u>                    </u> (Day/Mon/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>                    </u> (Number)	<u>                    </u> (Country)
<u>                    </u> (Day/Mon/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the



FULL NAME OF INVENTOR	LAST NAME <b>CURRID</b>	FIRST NAME <b>STEPHEN</b>	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY <b>MELTHAM</b>	STATE OR COUNTRY <b>UNITED KINGDOM</b>	CITIZENSHIP <b>BRITISH</b>
POST OFFICE ADDRESS	P.O. ADDRESS <b>4 MILL ROAD</b>	CITY & STATE <b>MELTHAM, HOLMFIRTH</b>	ZIP CODE

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_, 2005  
**STEPHEN CURRID**